Data Certification Form

Field No.	Instructions
1.	Enter the name of the Contractor.
2.	Enter the Contractor's ID number assigned by AHCCCSA.
3.	File or document name. Certification form must be matched to Contractor's file or document prior to processing or use.
4.	Expected or actual submission date to AHCCCSA.
5.	Type or print the CEO/Administrator's, CFO's, or Delegated Representative's, who is a direct report to CEO or CFO, name and title.
6.	Enter the date the form is signed.
7.	Signature of the CEO/Administrator, CFO, or Delegated Representative.

Data Certification Form

1.		**Contractor Name**
2.		**Contractor ID**
3.		**File or Document Name**
4.		**Date of Expected or Actual File/Document Submission**

Health Plan/Program Contractor/ADHS/DBHS, herein called "Contractor" is hereby authorized to submit encounter data to the Arizona Health Care Cost Containment System Administration (herein called "AHCCCSA") for services rendered by the undersigned Contractor, in machine-readable form, as specified by AHCCCSA.

By my signature below, I certify that the data and/or documents so recorded and submitted as input data or information, based on my best knowledge, information, and belief, is in compliance with Subpart H of the Balanced Budget Act Certification requirements; is complete, accurate, and truthful; and is in accordance with all Federal and State laws, regulations, policies and the AHCCCSA/Contractor contract now in effect. Contractor further certifies that it will retain and preserve all original documents as required by law, submit all or any part of same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the federal government, or their representatives.

CEO/Administrator　　　　　　　　　**5.**　　　　　　　　Date:　　　　/ 6./
CFO
Delegated Representative:
Title:

Signature:　　　　　　　　　　　**7.**

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